



# INSTITUTE OF NOTRE DAME

901 Aisquith Street • Baltimore, Maryland 21202 • 410.522.7800

Fax 410.522.7810 • [www.indofmd.org](http://www.indofmd.org)



## Admissions Application

### APPLICANT INFORMATION

Applicant Last Name First Name Middle Preferred Name

Current School Name Applicant's Date of Birth

Name of Church or Parish Religion Applying for Grade (Beginning in September 2010)

**With whom does the applicant live?**

Full Name Relationship to Applicant

Street Address City State Zip Home Telephone

**Who is financially responsible for the applicant?**

Full Name Relationship to Applicant

### PARENT INFORMATION

Please indicate if parents are: Married Separated Divorced Never Married Mother Deceased Father Deceased

**Father's Full Name** Street Address City State Zip Home Telephone

Business Title/Occupation Employer Work Telephone

Employer Street Address City State Zip Father's Primary E-mail Address

**Mother's Full Name** Street Address City State Zip Home Telephone

Business Title/Occupation Employer Work Telephone

Employer Street Address City State Zip Mother's Primary E-mail Address

Is mother a graduate of IND? Yes No If so what year? \_\_\_\_\_ Maiden Name \_\_\_\_\_

**How did you hear about IND?**

- Friend
  - School
  - Church
  - Alumna
  - Other
  - Newspaper ( \_\_\_\_\_ )
  - Radio ( \_\_\_\_\_ )
- Name Name

Date received (Office Use Only)

## FAMILY INFORMATION

Please list siblings of the applicant. Then indicate other IND students or alumnae in the family. Attach additional sheet if necessary.

Sibling's Full Name	Age	Current Grade	Current School Name	Male / Female (Circle one)
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Sibling's Full Name	Age	Current Grade	Current School Name	Male / Female (Circle one)
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Has anyone in the family besides the applicant's mother ever attended IND? Yes No If yes, complete below:

Full Name	Relationship to Applicant	Dates of Attendance
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## SCHOOL INFORMATION

Current School Name	Principal	Telephone
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Street Address	City	State	Zip	Dates of Attendance
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Other schools attended in the last three years (Please include dates of attendance and reason for leaving.)

## PERSONAL INFORMATION

Has the applicant ever had a full-scale, psycho-educational evaluation? Yes No

If yes, when/where/by whom? \_\_\_\_\_

Does the applicant receive tutoring during the school day or after school hours? Yes No

If yes, from whom, how often and in what subject area(s)? \_\_\_\_\_

Is there any reason why the applicant could not participate in a full range of school activities? Yes No

If yes, please explain. \_\_\_\_\_

Has the applicant ever been suspended or expelled from school? Yes No

If yes, please explain. \_\_\_\_\_

### ACKNOWLEDGEMENT - Signatures of parent(s)/guardian(s) are required for applicant to be considered for admission.

All application information becomes the property of the Institute of Notre Dame (IND). The Family Rights and Privacy Act (Buckley Amendment) does not apply to admissions folders. IND does not discriminate on the basis of race, religion and/or national or ethnic origin in the administration of its educational, admissions or employment policies and scholarship, athletic or other school administered programs.

I understand and acknowledge that receiving this application does not constitute a commitment by IND and that IND may deny admission if they determine that enrollment of the applicant in IND would not be appropriate. If the applicant is admitted to IND, I jointly and individually agree to assume the financial responsibility of the applicant for tuition, books, fees, uniforms and transportation, and I jointly and individually guarantee payment to IND of all amounts due for said tuition, books, fees, uniforms and transportation.

I understand that this application must be accompanied by a **\$30 non-refundable fee** and submitted by **December 18, 2009**.

Parent/Guardian Signature	Printed Name	Date
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Parent/Guardian Signature	Printed Name	Date
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If you are interested in applying for financial aid, please contact the Admissions Office for the appropriate form.